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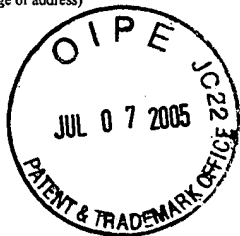
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23628 7590 05/03/2005

**WOLF GREENFIELD & SACKS, PC
FEDERAL RESERVE PLAZA
600 ATLANTIC AVENUE
BOSTON, MA 02210-2211**



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Doris A. Champagne (Depositor's name)

Doris A. Champagne (Signature)

July 5, 2005 (Date)

07/08/2005 GWORDF2 00000024 09925545

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP
03 FC:APP1 30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/925,545	08/08/2001	Thomas Jefferson Awad	S01448/70003 JNA	4752

TITLE OF INVENTION: METHOD AND APPARATUS FOR GENERATING A SET OF FILTER COEFFICIENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAI, TAN V	2193	708-322000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Wolf, Greenfield & Sacks,
P.C.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OCTASIC INC.

MONTREAL, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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- ☒ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature William R. McClellan

Date July 5, 2005

Typed or printed name William R. McClellan

Registration No. 29,409

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